

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10582923

FILING DATE

6-29-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		8				
3	1					
4	2					
5	2					
6	1					
7	0					
8	0					
9	0					
10	0					
11						
12						
13						
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50						
TOTAL IND.	1		1			
TOTAL DEP.	11	←	9	←		←
TOTAL CLAIMS	12	████████	10	████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		████████		████████		████████
TOTAL CLAIMS	12	████████	10	████████		████████